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## \*BIBDATASHEET\*

CONFIRMATION NO. 5331

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/721,526	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> SHP026.4.1
<b>APPLICANTS</b> Daniel K. Smith, Woods Cross, UT; Jeremy W. Snow, North Salt Lake, UT; F. Mark Ferguson, Salt Lake City, UT;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/409,819 04/08/2003 PAT 6,796,962 which is a CIP of 10/322,288 12/17/2002 PAT 7,004,927 which claims benefit of 60/424,655 11/07/2002 and is a CIP of 10/202,201 07/23/2002 PAT 6,902,546 which is a CIP of 09/809,357 03/15/2001 PAT 6,595,955				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/13/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 42	<b>TOTAL CLAIMS</b> 33
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 26152				
<b>TITLE</b> RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES				
<b>FILING FEE RECEIVED</b> 888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	